

## **VISUALLY IMPAIRED SPECIAL EDUCATION ENDORSEMENT (VI)**

NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD SFN 58902 (07-2008)

and PRACTICES BOARD									
Social Security Number	Date of Birth		ND Teaching License	Number					
				-					
Work Telephone Number	1								
Home Telephone Number E			Email Address	mail Address					
Last Name	First Name		M.I.		Maiden Name				
Mailing Address	ling Address		City			Zip (9 digit)			
Prerequisite: Valid North Dakota educator's professional license in early childhood, elementary, middle, or secondary									
education.		, p		, .		.,,,			
Re-education Plan: None									
Endorsement Request and Veri added to your license by returning					ts, reque	est this endorsement be			
<b>Fees</b> : If you wish to add this endor					75 must	be enclosed.			
There is no additional fee to add the	nis endorse	ement at your no	rmal license renewa	I time.					
Timeline: All requirements must be met before adding this endorsement to your license. The addition of this									
endorsement does not change your regular license renewal date.									
Visually Impaired Program of Study									
20 semester hours (SH) of coursework at the undergraduate or graduate level from an approved teacher education									
program. Submit official transcripts.									
Coursework			Complete	ed (SH	1)	Needed (SH)			
Coursework  Education of the exceptional stude			Complete	ed (SH	1)	Needed (SH)			
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Submit completed form and \$75 fee to: Education Standards and Practices Board

2718 Gateway Ave, Suite 303 Bismarck ND 58503-0585

(701) 328-9641 office (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.



## Payment/Credit Card Information

Type of Payment		Amount		
☐ Visa ☐ MasterCard ☐ Ch	neck	\$		
Name as it appears on credit card	Please sign to authoriz	authorize credit card charge		
Credit Card Number	Expirati	on Date	3 digit CVV number on back of card	